

L140000 87389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

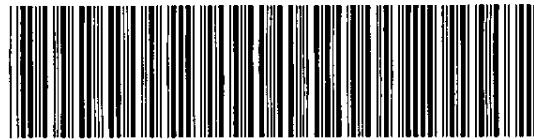
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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04/21/15--01035--007 **30.00

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15 JUL 20 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 21 2015

J SHIVERS

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2015

MARCIA CLARKE
1550 NE 191ST APT 307
MIAMI, FL 33179

SUBJECT: LOVE IN MIAMI LLC
Ref. Number: L14000087389

We have received your document for LOVE IN MIAMI LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00008777

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVE IN MIAMI LLC

DOCUMENT NUMBER: L140000087389

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcia Clarke

(Name of Contact Person)

LOVE IN MIAMI LLC

(Firm/Company)

1550 NE 191st Apt 307

(Address)

Miami Florida 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia Clarke

786

488-5631

at ()

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

(Additional copy is enclosed)

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Love in Miami LLC

2. The Articles of Organization were filed on _____ and assigned

document number L14000087389.

3. The delayed effective date the dissolution if not effective on the date of filing: 4/12/15
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Have personal issues to take care of
First. Unable to manage a business @
this time

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members. the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

MARCIA CLARKE
Printed Name

FILING FEE: \$25.00